

**GRAND COUNTY MIDDLE SCHOOL STUDENT ENROLLMENT FORM**

Registration date \_\_\_\_\_

Bus student: YES or NO  
(Please circle)

My student has special needs (i.e. Special Education, IEP, medical, 504, etc.) YES or NO

Specific conditions/Medical procedures/Allergies \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ SS# \_\_\_\_\_

ETHNICITY Hispanic/Latino \_\_\_\_\_  
RACE American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

NATIVE AMERICAN TRIBAL AFFILIATION \_\_\_\_\_ CIB# \_\_\_\_\_

Please check one of the following: Goshute \_\_\_\_\_ Navajo \_\_\_\_\_ Paiute \_\_\_\_\_ Shoshone \_\_\_\_\_ Ute \_\_\_\_\_ Other \_\_\_\_\_

~~Student Cell Phone~~ \_\_\_\_\_ ~~Student E-mail~~ \_\_\_\_\_ (for teacher reminders)

Student Lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian/Relationship \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Parent / Guardian E-mail address(es) \_\_\_\_\_

**Names and ages of all household members:**

I hereby authorize the school principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital and ambulance services. If I can't be reached promptly by phone, or if, in his/her judgment medical help is immediately required without time to reach me.

Parent/Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Responsible adults to be contacted if parents cannot be reached at home or work. (i.e. Emergencies)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever attended Grand County Schools before? Yes \_\_\_\_\_ /Year(s) \_\_\_\_\_ No \_\_\_\_\_

Name/Address of Previous School \_\_\_\_\_ Phone \_\_\_\_\_